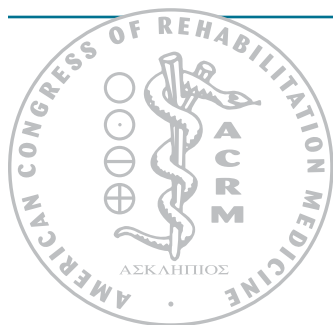


Rehabilitation OUTLOOK



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Rehabilitation Outlook

Adam B. Warshowsky, PhD
Editor

Michael Jones, PhD, Chair
Communications Committee

Highlights

World Report on Disability 2

New Consumer Resource
from the Archives of PM&R 4

Call for Archives Editors 4

Community Updates 6 – 7

Newly-Elected Leaders 7

Bylaws Amendment
Survey Report 8

International Society of
Physical and Rehabilitation
Medicine (ISPRM) 10

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I Wish I Knew Then What I Know Now... Tips for Writing Winning Grant Proposals (PART 1 OF 2)

CONTRIBUTORS: *Marcel P.J.M. Dijkers, PhD, FACRM, Research Professor of Rehabilitation Medicine, Mount Sinai School of Medicine; Steven L. Wolf, PhD, Professor, Rehabilitation Medicine, Emory University School of Medicine; Gale Whiteneck, PhD, FACRM, Director of Research, Craig Hospital; Michael L. Jones, PhD, Vice President, Research and Technology, Shepherd Center*

One of the greatest challenges early-career researchers face is obtaining their own research funding. It's no picnic, even for experienced researchers. NIH reports that on average, researchers obtain their first "R01" (investigator-initiated) research grant at age 43. Of course, the trick to success in research funding is writing a winning grant proposal. Whether written for a local foundation, professional association, or federal agency, there are elements common to successful proposals, and common flaws to those that don't make the cut.

So what do you need to know to write a successful grant proposal? Here are favorite tips and words of wisdom from some of the field's most distinguished research scientists and successful grant writers — Marcel Dijkers, Gale Whiteneck, Steve Wolf and Michael Jones.

TIP #1: DON'T CHASE THE MONEY

GALE: Very early in my career, I worked in an organization where each month I was asked to write a new research proposal. The month I was assigned the topic, "The Social Impact of Solid Waste Disposal," I knew I had a *crappy* job. Success requires focus on a research target and not simply responding to every request for applications that comes along. Seek funding for a good idea, not for an idea that applies to available funding. Pursue research that you are capable of doing and that also fulfills current research needs. Develop that idea and seek funding for it rather than trying to brainstorm an idea for the latest funding priority.

MARCEL: Let the money chase you! Well, you will need to graduate from the "beginning researcher" to the "world expert" category before they come begging you to take grant money, but there is nothing wrong with schmoozing foundation directors or program officers, and making suggestions for fruitful research programs that the foundation or agency ought to explore. We will forgive you for being so self-serving.

TIP #2: FIND A MENTOR TO HELP SHOW YOU THE ROPES

GALE: One of the things a mentor should provide is the broader context in which a line of research is conducted. Without the perspective that comes from experience, it will be hard to judge the relative importance of various potential approaches toward addressing a research idea. An experienced mentor can also help in identifying the appropriate funding source for your ideas and the best way to pitch that idea in your grant proposal.

MARCEL: If one mentor is good, two may be better. There are so many bells and whistles on a competitive research proposal, that advice from multiple people may be needed. Remember, it takes a village.

continued on page 9

World Report on Disability

By Alana Officer, Coordinator, Disability and Rehabilitation, World Health Organization

NEW YORK CITY, NY // On June 9, 2011, the director general of the WHO and the vice-president of the World Bank launched the first *World Report on Disability* at the United Nations. The report, which presents the first global prevalence estimates for disability in the past forty years, states that more than one billion people experience disability, and that global trends such as an aging population and the global increase in chronic health conditions will cause even higher rates of disability in the future.

Additionally, people with disabilities across the world have poorer health outcomes, lower educational achievement, less economic participation and higher poverty rates than nondisabled individuals. This pioneering report highlights barriers, identifies needs and provides an analysis of effective approaches to improve the lives of people with disabilities in the areas of health, rehabilitation, support services, information, infrastructure, transportation, education and employment. The recent development of the United Nations' Convention on the Rights of Persons with Disabilities (CRPD) has also brought attention to the battle against the discrimination of, and promoting accessibility, inclusion, and respect for, people with disabilities.

The *World Report on Disability* has particular relevance to the rehabilitation community. According to the report, current effective rehabilitation strategies include promoting community-based rehabilitation, prioritizing early intervention, improving access to assistive devices, and improving coordination between levels and across sectors. Effective rehab approaches have been developed across the globe, including clubfoot treatment in Uganda, housing adaptations in the UK, prosthetics and orthotics training at University Don Bosco in El Salvador, and the Simplified

Rehabilitation Program successfully implemented in Sao Paulo, Brazil. Gaps in rehabilitation service provision are also highlighted, such as the lack of rehabilitation professionals in Africa. Most importantly, the *World Report* identifies gaps in rehabilitation research. For example, the balance between rehabilitation needs, receipt of services, health outcomes, and costs is explored.

Overall, the *World Report on Disability* represents a major opportunity to bring focus to disability and rehabilitation across the world. Additionally, in accordance with the UN Convention on the Rights of Persons with Disabilities, the report will encourage governments to devote sufficient resources to improve functioning and promote community participation among individuals with disabilities. The global launch of the report will be followed by policy dialogues in countries around the world. The WHO works in partnership with professional bodies, non-governmental organizations, disabled people's organizations and other stakeholders in order to improve rehabilitation services worldwide. Drawing on the best available scientific evidence, this report will be a valuable resource for policy-makers, service-providers, professionals and people with disabilities themselves. The report will also be the focus of a symposium, entitled "*World Report on Disabilities 2011*," at the ACRM-ASNR Annual Conference in Atlanta, GA, on Friday, October 14. ■

FOR A COPY OF THE REPORT GO TO:

www.who.int/disabilities/world_report

FOR MORE INFORMATION CONTACT:

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***EARLY/EARLY BIRD 48% SAVINGS** end 15 July, 2011. **EARLY BIRD 37% SAVINGS** end 31 August, 2011.
Percentage off includes Early/Early Bird plus member discount.

New Consumer Resource from the *Archives of PM&R*

A new, regularly-occurring consumer education feature is planned for the Archives of Physical Medicine and Rehabilitation, the official journal of ACRM. These information/education (I/E) pages on topics relevant to rehabilitation medicine are intended to provide basic background information on a given topic (similar to a Wikipedia entry) or useful how-to and self-help tools or resources for a patient or caregiver. This new resource will be designed for clinical practitioners to print out and make available to patients or their family members. The I/E pages might also provide basic background information useful to a clinician who is not familiar with the topic in question.

The ACRM Communications Committee is coordinating development of I/E pages for the Archives and is actively soliciting ideas for future topics. Editorial guidelines, examples from other journals, and a topic proposal form for submitting your ideas are available.



FOR MORE INFORMATION CONTACT:
Mike Jones at mike_jones@shepherd.org. ■

CALL FOR GUEST EDITORS Summer 2013 Supplement *Archives of PM&R*

- WHO:** Rehabilitation researchers and research groups who are active members of ACRM
- WHAT:** Serve as guest editor(s) for Summer 2013 Supplement — classic collection of theme-based articles, up to 100 journal pages
- WHEN:** Proposals due November 1, 2011
Manuscripts due November 1, 2012
Final edits due April 1, 2013
Publication in June 2013
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- CONTACT:** Steve Page, PhD, Chair, ACRM Communications Committee, at PAGESJ@UCMAIL.UC.EDU or by phone at +1.513.558.2754.



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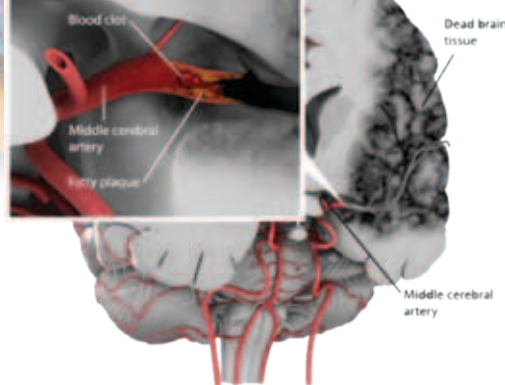
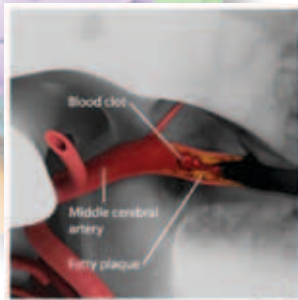
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Community Updates

Stroke Networking Group **UPDATE**

The mission of the ACRM Stroke Networking Group is to be a leader in interdisciplinary stroke rehabilitation by promoting high standards of rehabilitation practice, education and research among professionals with common interests in stroke. Phil Morse, PhD, FACRM, is chair of the steering committee. Three task forces carry out the work of the group and are currently active in the following areas:

- Cognition
- Living Life after Young Stroke
- Movement Interventions

The Cognition Task Force is comprised of rehabilitation practitioners and researchers invested in promoting activity-based strategies for assessing and treating cognitive impairment after stroke. Their activities are focused on developing resources to (1) address the impact of cognitive impairment on rehabilitation and recovery and (2) promote effective and contextually relevant rehabilitation strategies to address cognitive impairment after stroke.

The *Living Life after Young Stroke* Task Force focuses on the growing percentage of individuals who experience stroke at a younger age, while they are in the work- and family-building stage of life. The task force believes this younger group of stroke survivors faces unique challenges and needs for rehabilitation and post-acute rehabilitation, education, and support, and has decided to focus upon the unique issues for caregivers and spouses of these individuals.

The *Movement Interventions* Task Force is a group of clinicians and researchers interested in better understanding stroke motor impairments and how to effectively treat motor problems post-stroke. They are a product-focused group focusing on developing new knowledge about movement after stroke through development of presentations, papers, and other educational materials for patients, care partners, and professionals. Through the creation of these products, the task force aims to improve stroke clinical practice, increase (and, in some cases, establish) evidence related to motor impairment reduction after stroke, and to influence public policy.

The work of the task forces is done throughout the year with regular conference calls and two face-to-face meetings per year. These include the Mid-Year Meeting in the spring and the annual conference in the fall.

The next **Stroke Networking Group Meeting** will be held on Thursday, October 13, from 12:00 pm to 1:30 pm in Atlanta at the 2011 ACRM-ASNR Annual Conference. This year's meeting will be a luncheon featuring special guest speaker, Anna Barrett, MD, Director of Stroke Rehabilitation Research at Kessler Foundation Research Center and the current president of ASNR. The topic of her presentation will be: *New Directions for Translation in Stroke Rehabilitation*.

FOR MORE INFORMATION CONTACT:

Cognition Task Force: Elizabeth Skidmore, PhD, OTR/L, skidmore@pitt.edu

Living Life after Young Stroke Task Force:

Tamara Bushnik, PhD, Tamara.bushnik@nyumc.edu

Movement Interventions Task Force: Steve Page, PhD, Stephen.page@uc.edu ■

Spinal Cord Injury Special Interest Group **UPDATE**

The mission of the Spinal Cord Injury Special Interest Group (SCI-SIG) is to promote opportunities for ACRM members to network with colleagues interested in promoting evidence-based rehabilitation for persons with spinal cord injury or disease, with the specific aim of advancing the SCI rehabilitation field. Therefore, one of the first tasks of the SCI-SIG was to increase SCI-related programming at the ACRM-ASNR annual conference. We are pleased to report that programming has not only increased, but also promises to be very exciting.

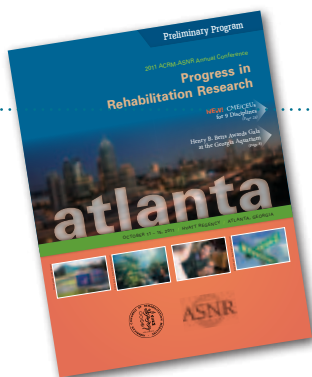
On Wednesday, October 12, 2011, the Shepherd Center will be the host for “*Spinal Cord Injury: New Directions in Assessment, Repair, and Rehabilitation*,” one of the Pre-Conference courses featuring an international panel of SCI experts discussing key SCI issues. The panel discussion will focus on restorative neurology in the morning sessions and on key issues in SCI rehabilitation research during the afternoon sessions.

Additional programming during the 2011 ACRM-ASNR Annual Conference, Progress in Rehabilitation Research will include “*Functional Electrical Stimulation in SCI: Clinician and Consumer Perspectives*,” and sessions entitled “*Disparities in Health Outcomes after TBI and SCI*,” and “*Spinal Cord Injury and Caregiving: Who Needs Help?*” which will address issues related to providing better care for SCI clients and their caregivers, respectively.

Another session, “*Activity-based Therapies in Spinal Cord Injury*,” will review preliminary findings of recent studies, initially presented by Mike Jones and a panel at the 2010 ACRM-ASNR annual conference, evaluating the effectiveness of activity-based interventions among the SCI population. In addition, the SCI-SIG Classification Task Force will present “*Updating the Neurological Classification for Prognosis in Traumatic SCI*.”

Lastly, the SCI-SIG will be hosting a luncheon and work meeting during the conference on Friday, October 14 at 12 pm, which will focus on developing products to advance SCI rehabilitation and research. For more information please contact Debbie Backus at Deborah_backus@shepherd.org. ■

**Progress in
Rehabilitation
Research
2011 ACRM-ASNR
Annual Conference
UPDATE**



The program committee is very excited about this year's meeting in Atlanta. Six preconference courses, along with the Early Career Course, will take place on Wednesday, October 12 prior to the start of the conference. In addition to four plenary sessions, a total of 35 symposiums with experts from all rehabilitation disciplines — many featuring international speakers — will be offered. Topics included in the course material are traumatic brain injury, stroke, spinal cord injury, research, outcomes, technology, and neurorehabilitation. We received more than 200 poster/paper submissions and the conference will offer an interactive poster session. The conference also offers many networking opportunities, including the Brain Injury Interdisciplinary Special Interest Group, the Stroke Networking Group and the Spinal Cord Injury Special Interest Group. In addition, there is an international luncheon, the opening reception with exhibitors, and a gala reception on Thursday, October 13, at the Georgia Aquarium. If conference attendees take advantage of all that is offered, they will just have enough time left over for dinner and sleep! Online registration is now open at ACRM.org. The preliminary program will be mailed with *Archives of Physical Medicine and Rehabilitation* this month and is also available online. The program committee is looking forward to seeing you in Atlanta!

Virginia Mills, MS, PT, CCM, LicNHA, ACRM Chair

Robert Wagenaar, PhD, ASNR Chair ■



**ACRM PROGRAM
CO-CHAIR**
**Virginia M. Mills,
MS, PT, CCM,
LicNHA**



**ASNR PROGRAM
CO-CHAIR**
**Robert C.
Wagenaar, PhD**

Congratulations to our Newly-Elected Leaders!

*By Joe Giacino, PhD, FACRM, Chair, ACRM
Nominating Committee*

On May 17, 2011, a unique member link to the 2011-2012 Board of Governors and Nominating Committee Election Survey was emailed to all ACRM voting members. I am pleased to report that 183 members participated in the election process and those results are now available.



Vice President
**Douglas I. Katz, MD, FACRM,
FAAN**



Secretary
Cindy Harrison-Felix, PhD



Member-at-Large
Anne Deutsch, PhD



Member-at-Large
Joshua Cantor, PhD



Nominating Committee Member
Adam B. Warshowsky, PhD ■

Bylaws Amendment Survey Report

By Gary Ulicny, PhD, ACRM President

As the Board of Governors began to transition ACRM from a leadership model to a governance model and to evaluate the ACRM bylaws, we recognized the need for a bylaws amendment. On May 31 we launched a survey asking the membership to support our recommendation to permit the Board to make amendments or changes to the bylaws based on a majority vote of the Board of Governors.

More than 70 percent of all ACRM voting members who responded to the survey voted in favor of this recommendation.

With the passing of this amendment, the Board is better equipped to respond quickly to opportunities and challenges as they arise to best serve the organization and its stakeholders. We thank you for your support. ■

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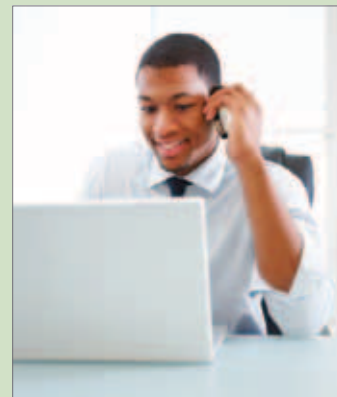
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TIPS

continued from page 1

TIP #3: KNOW THE AGENCY OR PROGRAM FROM WHICH YOU ARE SEEKING SUPPORT

MIKE: Sponsors vary in terms of priorities and the review process, so you must know how to pitch your proposal to the appropriate audience. For example, some agencies and their reviewers may give greater importance to “the science” or to basic science over clinical research, whereas others may have a bias for more “consumer-relevant” research. Sponsors also vary as to whether they accept unsolicited (field- or investigator-initiated research) proposals or only proposals in response to specific requests for proposals. Don’t bother submitting a proposal unless you are certain that it is the correct program to support your area of research. If you are not absolutely certain which program is appropriate, call the program officer to find out.

MARCEL: ...or go to their website, and go through the list of grants they have funded over the past few years. If they provide abstracts of funded projects, you will have models demonstrating how to phrase and frame your proposal.

TIP #4: BEWARE THE ENTHUSIASTIC PROGRAM OFFICER

MARCEL: Never believe a program officer when you ask whether your idea has a chance to get funded. Well, believe them when they say “no.” When they say “of course” or “it depends on how you present it,” realize that (a) they don’t want to disappoint you, at least not to your face, and (b) it is to their advantage to have as many proposals as possible. It gives them a better opportunity to pick superb research proposals and it serves as a justification for the grants management staff to request more money to manage the applications they have received. If you really want to know whether you stand a chance for funding, ask “insiders” such as grant reviewers for the agency, those who have received grants (and denials) from the agency, or former agency staffers.

STEVE: In the immortal words of ex-Yankee manager Billy Martin, “I feel strongly both ways.” I agree that most program officers will respond affirmatively to a general pitch of your research idea or to a question about possible funding. On the other hand, if the question is presented as, “Why do you feel this proposal would fare well in or is appropriate for study section xxx?” the program officer is forced to give a far more concrete answer. That being said, you can always get a clearer perspective by talking with a reviewer.

TIP #5: KNOW WHAT MAKES A GOOD PROPOSAL AND HOW THE REVIEW PROCESS WORKS

GALE: Beg, borrow, or steal a successfully funded proposal. You need to see some examples of successfully written proposals. Ideally, you also want to review critiques of

earlier submissions to see how the review process shapes a proposal. This is another area where mentors can be helpful. Additionally, volunteer to be on a review panel for small competitions; it helps to see the wide variety of ways that proposals can fail. Remember, the best way to get a research proposal funded is to write one good one rather than ten mediocre ones.

MIKE: An understanding of the review process is important in regard to how you write the proposal. Try to gain some knowledge of the agency’s review process (panel or mail review, background and expertise of reviewers, number of applications reviewed in a typical competition). Keep in mind that the more proposals a panel reviews, the more difficult it will be for reviewers to remember the specific details of your proposal. Although details are important, the challenge is to communicate them succinctly and effectively.

TIP #6: DON’T WRITE A PROPOSAL IF YOU ARE NOT AN EXPERT

GALE: A corollary to not writing a lot of mediocre proposals is to make sure that you are an expert in the area of research that you are proposing. When I didn’t know solid waste from Shinola, it was time to stop writing that proposal and polish my resume. It is not likely that you will become an expert quickly; certainly not by reading a review article. You developed a lot of expertise in a very narrow topic when you wrote your dissertation; that should be the first area you consider when writing your first proposal.

Know what you don’t know. Successful proposal writing, like successful research, is a team process. There will be aspects of the proposal that require the expertise of others. Put a good team together to write and review the proposal. This may be the team needed to conduct the research, once funded.

TIP #7: READ THE PROGRAM ANNOUNCEMENT AND THE INSTRUCTIONS FOR APPLICATIONS

MIKE: Requests for proposals usually have specific goals and priorities. Make sure that your idea meets the goals and priorities of the competition. Don’t try to tailor your idea to their priorities if it doesn’t fit. Grant competitions also have specific requirements and instructions for preparing and submitting proposals. If you do not follow the instructions, it is likely that your application will not be reviewed favorably... if at all.

MARCEL: Realize that program announcements tend to be bland and non-specific; the agency may be interested mostly in one specific area. A discussion with current grantees, or with a program officer, may help you to get a better idea for their true interests.

continued on page 10

International Society of Physical and Rehabilitation Medicine (ISPRM)

By Martin Grabois, MD

ISPRM was founded in 1999 by the merger of the International Rehabilitation Medicine Association (IRMA) and the International Federation of Physical Medicine and Rehabilitation (IFPMR). This merger was the result of a lengthy and systematic process, occurring over a decade. Two important milestones leading to the successful creation of the ISPRM were:

- The first formal meeting of the leadership of IRMA and IFPMR, in April 1988, in order to develop policies that would coordinate efforts and avoid duplication.
- The establishment of a joint task force in 1992, to explore the possibilities of further coordination, integration, and merger of the organizations. Following two task force meetings in 1994, a document of intent was completed and approved by the leadership of both boards in 1995.

In November, 1999, the International Society of Physical and Rehabilitation Medicine (ISPRM) was created in Washington, DC. The *mission* of ISPRM is to improve the quality of life for people with impairments and disabilities; to improve the knowledge, skills and attitudes of the

physician in the understanding of the patho-dynamics and management of impairments and disabilities; and to provide a mechanism that facilitates the provision of information related to medical rehabilitation to the international health organization and the rehabilitation field.

This mission is accomplished by the organization while also meeting the following goals:

- To influence rehabilitation policies and activities of international organizations interested in the analysis of functional capacity and improvement in quality of life for individuals with disability.
- To assist national professional organizations to influence local governments on issues related to the field of medical rehabilitation.
- To encourage and support the development of a comprehensive medical specialist in rehabilitation and physical medicine.
- To develop appropriate models for physician training, and subsequently increase the physician's involvement and participation in the medical

TIPS

continued from page 9

TIP #8: IT'S NEVER TOO EARLY TO START PREPARING YOUR PROPOSAL — BUT IT CAN BE TOO LATE.

MARCEL: If there is a deadline date, work toward a deadline that is at least two working days earlier than that of the sponsor. My last-minute efforts have included: a visit to the post-office at the airfield 5 minutes before midnight, the deadline for postmarking applications; an all-nighter that ended in being driven home at 6 am by a bleary-eyed colleague; and a frantic and fruitless last minute search for a functioning copy machine. You will need the extra days you give yourself to fix what goes wrong. You are either a genius or in denial if nothing ever goes wrong with your grant proposal submissions.

STEVE: If the grant requires approval from an institution, you will require an approximate two-week lead time. While the university grants office is reviewing their greatest area of concern (the budget), additional cleaning of the narrative can occur. If the last minute panic is predicated upon cleaning up uncertain content rather than administrative tidying, then do not submit the grant! It won't really be

ready; remember, at least at NIH, you only have two shots at it. If the first one gets triaged, the prospects for a fantastic comeback are bleak. Why submit a grant that in your heart of hearts was not your best effort because you had to make a deadline?

GALE: If you initially see the request for proposals (RFP) in the *Federal Register*, it is probably too late. When it comes to requests for applications on specific topics, know that there were one or more researchers who sold an agency on the need for that specific research. That means someone else has already formulated a research plan for addressing the topic and probably has spent a good deal of time working on a proposal before the request was ever published. ■

WATCH THE SEPTEMBER ISSUE FOR PART 2 OF THIS ARTICLE.

rehabilitation process, ensuring that their level of training is optimal for required community needs.

- To encourage a wide interest for rehabilitation and physical medicine among all physicians.
- To provide the means to facilitate activities and communications regarding medical rehabilitation at the international level.
- To facilitate international exchange regarding different aspects of rehabilitation.

To accomplish this mission and meet targeted goals, the ISPRM has initiated the following action items:

- Maintaining cooperation and collaboration with the World Health Organization and its agencies regarding the postulation of principles and policies pertaining to: (a) delivery of rehabilitation services throughout the world; and (b) educational processes of rehabilitation and physical medicine.
- Cooperating and maintaining close contact with other international societies sharing the common objective of improving the quality of life for people with impairments and disabilities.
- Organizing international congresses every two years.
- Maintaining close communication with the membership.
- Administering and operating the organization through effective management and access to resources.

ISPRM established a national office in Belgium and developed several types of membership, including both individual and national society memberships, not only to increase the number of members, but to coordinate rehabilitation healthcare efforts worldwide. A world congress is now held every two years — 2001 (Amsterdam), 2003 (Prague), 2005 (Sao Paulo), 2007 (Seoul), 2009 (Istanbul) and the 2011 meeting held in San Juan, Puerto Rico last month. The newsletter, News and Views, is published online monthly at www.isprm.org and features articles on rehabilitation programs throughout the world, including a calendar of rehabilitation meetings worldwide.

Currently, the ISPRM has 561 individual members and 36 national society members, and official affiliation with regional organizations such as the Latin American Medical Association of Rehabilitation, the Mediterranean Congress of Physical Medicine and Rehabilitation, and the Oceanic Society of Physical Medicine and Rehabilitation. There are two types of individual membership: (1) Active, which is open to all physicians and surgeons and (2) Associate, which is open to any qualified healthcare professional.

While the ISPRM has accomplished significant goals, the following issues continue to provide challenges:

- How to rejuvenate the leadership of the organization with committed officers, a board of directors and committee chairs.
- How to significantly increase the number of individual and national society members, including corporate members.
- How to increase liaisons with other rehabilitation organizations, such as Rehabilitation International and the World Health Organization, and increase collaboration toward common goals.
- How to improve the financial stability of the ISPRM via a strategic and sustainable plan for worthwhile educational and scientific endeavors.
- How to improve the international visibility of ISPRM through a strategic marketing and growth plan.
- How to develop meaningful evidence-based programs for individuals with disabilities in order to facilitate community reintegration.

In closing, the ISPRM assists physical and rehabilitation specialists and health care professionals to improve the quality of life for people with impairments and disabilities across the world. For more information visit www.isprm.org. ■

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